

# NIH LOAN REPAYMENT PROGRAMS / LOAN INFORMATION FORM

NATIONAL INSTITUTES OF HEALTH

OMB No. 0925-0361  
Form Approved For Use Through 06/30/2017

## SECTION 1 - Information Provided By Applicant

APPLICANT INFORMATION		LOAN DEFERMENT INFORMATION	
Name		Deferment Status ?	
SSN		Deferment From	
Acct #		Deferment To	
		Interest Bearing	
<u>LENDING INSTITUTION</u>	<u>SERVICING AGENT</u>	LOAN FORBEARANCE INFORMATION	
		Forbearance Status	
		Forbearance From	
		Forbearance To	
LOAN INFORMATION			
Date of Loan		Currently Repaying Loan	
Original Amount of Loan		Date Repayment Started	
Current Interest Rate		Are Payments Up to Date?	
Current Payoff Amount		Type of Loan	
Payoff Valid Through Date			
Monthly Payment Amount		Date For Which Information is Accurate	
For Consolidated Loans Only:			
Were only loans associated with the Applicant included in the Consolidation?		Were the underlying loan ever past due or delinquent, defaulted or incurred late fees, penalty fees or collection costs?	

## SECTION 2 – Lending Institution/Servicing Agent Completes This Section

**Instructions:** Please verify the information in Section 1; make any corrections next to the item(s) in question. Complete Section 2 and return this form by **FAX to 1-866-849-4046** or by US Mail to Division of Loan Repayment, National Institutes of Health, 6011 Executive Boulevard, Suite 206, MSC 7060, Bethesda, MD 20892-7650. If you have any questions about completing this form, please contact the Division of Loan Repayment at [lrp@nih.gov](mailto:lrp@nih.gov).

### Lending Institution/Servicing Agent's Certification

The undersigned states that, to the best of his or her knowledge, the loan identified above is a bona fide legally enforceable institutional, State, or Government educational loan made for the purpose of meeting the borrower's costs of attending a college or university, and that the information provided in section 1 is correct. Or, I have indicated in section 1 the corrections needed next to the item(s) in question.

\_\_\_\_\_  
Name and Title of Authorized Official for Lending Institution (Please Print)

\_\_\_\_\_  
Federal Tax Identification Number / EIN (required for sending payments)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Public reporting burden for this collection of information is estimated to average 75 minutes for section 1 and 15 minutes for section 2, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, Attention: PRA 0925-0361. Do not return the completed form to this address.